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November 12, 2009

Michael Day
Independent Living Services Milclay
P.O. Box 6395
Boise, ID 83711

Provider #13G011

Dear Mr. Day:

On **October 30, 2009**, a complaint survey was conducted at Independent Living Services Milclay. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00004365

Allegation: Individuals' night time medical needs are neglected.

Findings: An unannounced, on-site complaint investigation was conducted from 10/29/09 to 10/30/09. During that time record review, staff interview, and environmental assessment were completed with the following results:

The facility utilized on-site asleep staff. During the investigation, one individual was in the hospital due to injuries sustained while staff were asleep. That individual's hospital records were reviewed and documented the individual's injuries included a subarachnoid hemorrhage (bleeding between the brain and skull), fracture of the right jaw, and dislocation of the left shoulder. Additionally, the individual's record documented her creatine kinase (a muscle enzyme) had risen following admission to a height of 114396 U/L (normal = 30 - 135 U/L).

The hospital physician was interviewed on 10/29/09, and stated the individual had been admitted to the hospital through the emergency department on 10/26/09. The physician stated the individual had suffered a severe seizure that resulted in a great deal of jerking and muscle tension.

As a result, the individual had fallen from her bed hard enough to fracture her jaw and dislocate her shoulder. The physician stated the individual's injuries were consistent with a fall from bed related to a severe seizure. Additionally, the physician stated the elevated creatine kinase levels were indicative of extreme muscle tension over an extended period of time. The consulting neurologist had indicated the creatine kinase level was consistent with severe seizure activity lasting 10 - 12 minutes. The physician stated the individual's subarachnoid hemorrhage was consistent with seizure activity and was not the result of blunt force trauma to the head.

The facility Administrator was interviewed on 10/29/09, and stated he had been contacted within 10 minutes of the incident. The Administrator had completed a time line of events after the incident and did not have any evidence that would suggest neglect. Since the individual's admission to the hospital, the facility's staff, including the Administrator, had been involved in her care and treatment planning. As a result, the facility was exploring interventions the individual may need upon returning to the facility, e.g. increased staffing or the addition of a sound monitor. The Administrator stated interventions would be dependent upon the individuals needs at the time of discharge.

Two direct care staff were interviewed on 10/29/09, and both staff stated two staff were always present at night, and the door to the staff bedroom was kept open. One staff stated she was on shift at the time the hospitalized individual was injured. The staff stated they were awakened when the individual screamed. Staff found the individual on the floor and immediately called the facility's nurse. The staff stated she attended to the individual and instructed the second staff person implement the facility's emergency contact procedures, which included management staff and the Administrator. As a result, an ambulance was called and the individual was transported to the hospital. Both staff stated none of the individuals in the facility had exhibited any health concerns prior to the incident.

Additionally, the environment was assessed on 10/29/09 from 1:10 - 1:25 p.m. The placement of the hospitalized individual's bed and nightstand were consistent with the sustained injuries.

Three individuals' facility records were reviewed. No concerns of untreated medical issues were identified. Further, the hospitalized individual's record did not contain information that would have indicated the individual was at risk for seizure activity.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

As none of the complaints were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,

MATT HAUSER
Health Facility Surveyor
Non-Long Term Care

NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

MH/mlw